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the same process may occur in motor images, and acts may become incomplete and confused. It may be semi-dreams, transitory amentia, subacute neurasthenia, and may involve abated responsibility. There may be delirium, hallucination, agitation, inertia, emotional variations, or any of these may be absent. Of its pathology little is certain, but it is probably largely somatic, while its treatment is largely moral.

*Contributions à l'Étude des États Cataleptiques dans Les Maladies Mentales.* Par DR. PAUL LE MAITRE. Paris, 1895, pp. 96.

On the basis of fifteen cases and with an excellent summary of the literature (of which a comprehensive bibliography is appended), the author holds in substance: that cataleptic states which develop in the course of psychoses are often slight, brief and partial; that with increase of muscle tension and enfeeblement of voluntary psycho-motor activity they are often due to enfeeblement of perception of fatigue and to the persistence of communicated motor-images; they may develop in a number of mental maladies, especially in alcoholic delirium, melancholy, mental confusion, manias, periodic insanity, the delirium of degenerates, and in congenital or acquired mental feebleness; they may precede or follow an epileptic crisis; hysteria is rarely connected with them; there is no katatonia of Kahlbaum; and these states are easily simulated.

*Les États intellectuels dans la Mélancolie.* Par GEORGES DUMAS. Paris, 1895, pp. 142.

This modest little book is mainly a study of ideas among melancholics, and to base a determination of its forms on such a study. His main conclusions are three: I. That melancholy is not a mental entity, but is made up of phenomena of sensation and those of arrest. II. It may have an intellectual or an organic origin, but in both cases the motor precedes the sensory phenomena, and it is always only a consciousness of body-states. III. Synthesis is the law of ideas, images or mental states, which are associated with the conæsthesia, and this synthesis is logic.

*The Melancholy of Stephen Allard.* A private diary. Edited by GARNET SMITH. New York, 1895, pp. 305.

At the age of thirty Stephen Allard says he fled from Vanity Fair and took refuge among the hills to find consolation in nature, to rediscover his personality, regain unity, to read clear his heart, to find how to bear himself in this prosaic, mysterious world, to strive toward quietness, etc. He had learned to doubt, and felt sorrow, and had grown solitary while at Oxford, had felt himself well endowed with half-talents, but could not breathe in the arid heights of philosophy, and became a baffled thinker, a bankrupt idealist. As he had only latent faculties, and owned nothing the world cared to purchase, he tried to drug himself with literature. Education he had found only a rude struggle for prizes, a hoarding up of answers to questions that did not interest him, till he recognized unpalatableness as the criterion of truth, and science seemed a nightmare. Then he fell in love with Guerin, that victim of self-analysis and of morbid egotism; then Obermann, Musset, Schopenhauer, Lenau, Lucian, Hegel, but found no consolation. Then he tried action, but the actions of literary men; then love, but regarded women only as pictures, some more, some less fondly; and loved the beautiful, but even it was sad; so the thoughts of im-

mortality, stoicism and epicureanism were tried, till at last nature was found the best of all sinapsisms.

Part II finds ennui the malady of the century, and his is the ennui not of feeling, but of thought. Both realism and idealists are products of melancholy, because of their abandonment of higher views. German philosophy, as a sort of pride in truth, has no cheer for the author, nor simple faith in letters. The purely autonomous sages are most serene, and the evolutionary Utopia is a tolerable halting place. Ecstasy, humanism, æsthetic and metaphysical religions, drama, music, mysticism were tried. Once he thought he found peace in self-renunciation, but the depression returned with almost suicidal intensity, and the book ends abruptly.

Allard we opine to be a lay figure, to whom the author ascribes his lucubrations. He must have been an omnivorous reader, but a superficial one, and the moral of this confession, if one can be psychologized from it, we suggest to be the unsatisfactory nature of voluminous but desultory reading. A mind that is like a well used sheet of blotting paper is a sad spectacle to others and must be unsatisfactory to its possessor. It is not a very remarkable work of genius.

*The New England Invalid.* The Shattuck Lecture for 1895. By ROBERT T. EDES, M. D. Boston, 1895, pp. 57.

The New England invalid, who "needs only to be built up," has a symptom for every organ, and no specialist can escape her. If the old physician gives her up, she bestows herself on the young. "The physician cannot dispose of her to the surgeon, for after her braces have given out, after her spine has been shortened by a vertebra or two, after her pelvis and her pocketbook are alike empty, she comes back." But it is the modern sisters and husbands who hear most of the functional irritations, distresses, the burnings, the flutterings, the quiverings, the throbings, the tensions, the relaxations, the reproaches for indifference, the accusations of selfishness and the more trying repentance therefor, the ostentatious resignation of the misunderstood, the sympathy which they crave, the constant outflow of nervous force for which there is no adequate re-supply in a confident hope of recovery, who suffer and know most of her. The types described are: (1) the malingerers pure and simple, who feign disease out of whole cloth, with deliberate intent; (2) the exaggerators, honest but whimsical, silly and self-indulgent; (3) the constitutionally neurotic; (4) the hysterically excitable; (5) the neuromimetic; (6) the confirmed neuromimetic; (7 and 8) the tense and the limp neurasthenic; (9) the melancholic. While there may be something in the doctrine of the curative effect of surgical operations *per se*, removal of healthy ovaries rarely cures these cases. The lithæmic doctrine of uric acid, headache, or suppressed gout, does not show that there is not another neurasthenic headache. Some of these patients have a good blood color of even 80 per cent. Fleische, so anaemia is not always the cause. Next to those of no occupation, teachers and students supply most invalids of this type. The excessive New England conscientious school methods which make pupils "bite off more than they can chaw," and especially examinations, are in part responsible. The author differs from Dr. Cowles' view that melancholy is a further development of neurasthenia, by holding the form to be a self-limited disease with beginning, middle and end, although sometimes becoming chronic. The figure which compares neurasthenia to a bank account constantly drawn on